

**OFFICE USE ONLY**

Start Date: \_\_\_\_\_

Position: \_\_\_\_\_

Pay Step: \_\_\_\_\_

Rate: \_\_\_\_\_

Job Location: \_\_\_\_\_

# Ophir Hill Fire Protection District

12668 Colfax Hwy, Grass Valley, CA 95945 (530) 273-8351

DATE RECEIVED STAMP

**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT CLEARLY

POSITION APPLYING FOR: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

(ADMIN, CAREER, FIRE MECHANIC, SEASONAL, PAID-CALL, INTERN, OR CADET)

**PERSONAL**

<b>NAME</b>	LAST NAME		FIRST NAME				M.I.
<b>CURRENT STREET ADDRESS</b>	NUMBER	STREET				BLDG / UNIT / APT #	
	CITY		STATE	ZIP	HOME PHONE	WORK / ALT. PHONE *	
<b>MAILING ADDRESS</b> (If Different)	NUMBER	STREET OR P.O. BOX				BLDG / UNIT / APT #	
	CITY		STATE	ZIP	IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK WITH OHFD?		
<b>DRIVER'S LICENSE</b>	NUMBER	CLASS	EXP. DATE				
<b>EMERGENCY CONTACT INFORMATION</b>	NAME		RELATIONSHIP			PHONE NUMBER	
	NUMBER		RELATIONSHIP			PHONE NUMBER	
<b>*CONTACT AT WORK</b>	CAN OHFD CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO						

**RECORD OF EDUCATION**

SCHOOL	NAME OF SCHOOL CITY & STATE	COURSE OF STUDY	GRADE COMPLETED (HIGH ONLY)	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH					
JUNIOR COLLEGE					
COLLEGE					
OTHER					

**PERSONAL REFERENCES**

(Not former employers or relatives)

NAME AND OCCUPATION	ADDRESS	TELEPHONE #

## WORK HISTORY

List below, present and past employment, for the past 10 years, beginning with your most recent.

FROM      TO <u>Mo Yr</u> <u>Mo Yr</u>  ____/____/____  <u>Mo. SALARY</u>  \$ _____	Job Title: _____ Job Description: _____ _____ _____ _____ _____ _____ _____	Employer's name & address: _____ _____ _____  Telephone: _____ (_____) _____ Supervisor: _____ Reason for Leaving: _____ _____
FROM      TO <u>Mo Yr</u> <u>Mo Yr</u>  ____/____/____  <u>Mo. SALARY</u>  \$ _____	Job Title: _____ Job Description: _____ _____ _____ _____ _____ _____ _____	Employer's name & address: _____ _____ _____  Telephone: _____ (_____) _____ Supervisor: _____ Reason for Leaving: _____ _____
FROM      TO <u>Mo Yr</u> <u>Mo Yr</u>  ____/____/____  <u>Mo. SALARY</u>  \$ _____	Job Title: _____ Job Description: _____ _____ _____ _____ _____ _____ _____	Employer's name & address: _____ _____ _____  Telephone: _____ (_____) _____ Supervisor: _____ Reason for Leaving: _____ _____
FROM      TO <u>Mo Yr</u> <u>Mo Yr</u>  ____/____/____  <u>Mo. SALARY</u>  \$ _____	Job Title: _____ Job Description: _____ _____ _____ _____ _____ _____ _____	Employer's name & address: _____ _____ _____  Telephone: _____ (_____) _____ Supervisor: _____ Reason for Leaving: _____ _____
FROM      TO <u>Mo Yr</u> <u>Mo Yr</u>  ____/____/____  <u>Mo. SALARY</u>  \$ _____	Job Title: _____ Job Description: _____ _____ _____ _____ _____ _____ _____	Employer's name & address: _____ _____ _____  Telephone: _____ (_____) _____ Supervisor: _____ Reason for Leaving: _____ _____

MAKE ADDITIONAL COPIES OF THIS PAGE IF NECESSARY

I hereby give permission to contact the employers I have listed concerning my prior work experience.

Signed: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s):

\_\_\_\_\_  
 \_\_\_\_\_



## ADDITIONAL INFORMATION

1. Write a brief statement as to why you would like to work for OHFD and what you would bring to the District:  

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2. Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Certificates, Special Training, etc.) You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, age, medical condition, or a physical or mental disability.  

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3. Have you been convicted of a felony? A background check may be made. A yes answer will NOT automatically disqualify you.  

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4. Have you ever been discharged from a position, terminated during probation, or asked to resign from a position? If yes, give name and address of employer, date of occurrence, and the reason. *CITE ALL SUCH CASES.* Add additional pages if necessary.  

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5. Can you, after employment, submit verification of your legal right to work in the USA? ☐ YES ☐ NO  
(If yes, verification may be required after the extension of a job offer.)
6. Are you of the legal age to work? ☐ YES ☐ NO
7. Were you previously employed by us? ☐ YES ☐ NO If yes, when? \_\_\_\_\_
8. Can you perform the essential duties of the job as listed on the job description? ☐ YES ☐ NO  
If NO, give details:  

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## CERTIFICATIONS

- ☐ Title 22 First Aid
- ☐ C.P.R. Card
- ☐ EMT Basic
- ☐ EMT Intermediate
- ☐ Paramedic
- ☐ CASFM Volunteer Firefighter
- ☐ CASFM Firefighter 1
- ☐ CASFM Firefighter 2
- ☐ Basic Wildland Firefighting Class
- ☐ Confined Space Awareness
- ☐ HazMat FRO
- ☐ Swift Water Rescue
- ☐ Driver / Operator 1A/1B

Expiration Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Certification Date: \_\_\_\_\_  
Certification Date: \_\_\_\_\_  
Certification Date: \_\_\_\_\_  
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Certification Date: \_\_\_\_\_  
Certification Date: \_\_\_\_\_

Other (Please explain):

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ATTACH COPIES OF CERTIFICATES/CARDS

### CERTIFICATION OF APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience, are true and complete to the best of my knowledge and belief, and I understand that any misstatements or omissions of material fact herein are cause for dismissal from OHFD.

I am aware that if I am the successful candidate, I will be required to undergo a medical and psychological examination, financial and personal background investigation, and reference check before formal appointment. I understand that formal appointment is conditional upon successfully completing these final checks, and that any preliminary job offer may be withdrawn based on the results of these final checks.

I hereby authorize all schools, prior employers, and references I have listed on this application, to release information about me to OHFD. I further ☐ **DO** ☐ **DO NOT** authorize OHFD to contact my present employer. I release said organizations and persons from liability resulting from a good faith response to any inquiry I have authorized.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### DELIVERING INSTRUCTIONS:

Please mail or hand deliver your completely filled out application along with a cover letter and resume' to:

Ophir Hill Fire Protection District  
Attn:  
12668 Colfax Hwy  
Grass Valley, CA 95945